

## **EXHIBIT 6**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> <b>Phone: (800) 331-3282 Fax: (818) 662-4141</b>	
<b>B. SEND ACKNOWLEDGEMENT TO: (Name and Address)</b>  <div style="display: flex; justify-content: space-between;"> <div> <b>UCC Direct Services</b>  <b>P.O. Box 29071</b>  <b>Glendale, CA 91209-9071</b> </div> <div style="text-align: right;"> <b>18029054</b> </div> </div>  <div style="text-align: center;"> <b>TX, Secretary of State</b> </div>	

**UCC Direct Services**  
Representation of filing

**This filing is Completed**  
File Number : 090008785219  
File Date : 30-MAR-2009

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name(1a or 1b) - do not abbreviate or combine names

<b>1a. ORGANIZATION NAME</b> <b>JACOBS &amp; SON ENTERPRISES, INC.</b>				
<b>OR</b> <b>1b. INDIVIDUAL LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>1c. MAILING ADDRESS</b> <b>1408 North Bell Blvd.</b>		<b>CITY</b> <b>Cedar Park</b>	<b>STATE</b> <b>TX</b>	<b>POSTAL CODE</b> <b>78613</b>
<b>1d. SEE INSTRUCTIONS</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>1e. TYPE OF ORGANIZATION</b> <b>Corporation</b>	<b>1f. JURISDICTION OF ORGANIZATION</b> <b>TX</b>
<b>1g. ORGANIZATIONAL ID#, if any</b> <b>0079704600</b>				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name(2a or 2b) - do not abbreviate or combine names

<b>2a. ORGANIZATION NAME</b>				
<b>OR</b> <b>2b. INDIVIDUAL LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>2c. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
<b>2d. SEE INSTRUCTIONS</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>2e. TYPE OF ORGANIZATION</b>	<b>2f. JURISDICTION OF ORGANIZATION</b>
<b>2g. ORGANIZATIONAL ID#, if any</b>				<input type="checkbox"/> NONE

3. SECURED PARTY'S (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

<b>3a. ORGANIZATION NAME</b> <b>Celtic Bank Corporation</b>				
<b>OR</b> <b>3b. INDIVIDUAL LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>3c. MAILING ADDRESS</b> <b>340 East 400 South</b>		<b>CITY</b> <b>Salt Lake City</b>	<b>STATE</b> <b>UT</b>	<b>POSTAL CODE</b> <b>84111</b>
			<b>COUNTRY</b> <b>USA</b>	

4. This FINANCING STATEMENT covers the following collateral

Purchase Money Security Interest in all Inventory and Equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

<b>5. ALTERNATE DESIGNATION (if applicable):</b> <input type="checkbox"/> LESSOR/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG.LIEN <input type="checkbox"/> NON-UCC FILING				
<b>6.</b> <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS                          Attach Addendum (if applicable)                          Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2				
<b>8. OPTIONAL FILER REFERENCE DATA</b> <b>15009287</b> <b>36274872</b>				

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UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	18029054
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2a. ORGANIZATION NAME					
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2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	

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8. OPTIONAL FILER REFERENCE DATA <b>15009287 35274872</b>					

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/02/02)